## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

EIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPAR Secretar DIMSION OF C	ry of State	te	FILED 10 FEB 18 PM 2: 00				
DOCUMENT # Lo50000 7/80 /  1. Limited Liability Company's Name				SECRETARY OF STATE FALLAHASSEE, FLORIDA				
Electrical Services of Florida, LLL					CR2E041 (1°	1 <i>1</i> 001		
2. Principal Office Address - No P.O. Box #	3. Mailing Office Addre				`	1100)		
2499 whilehorse st	2499 while	i harsa	<u>s+</u>	4. State/Count	•			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			ized or Qualified			
City & State	City & State	City & State			To Do Business in Florida Dec 27, 2004			
Delfore, FL		Deltons, FC		6. FEI Number Applied For Not Applicable				
Zip Country	Zip	Country		7.	_	S5 99 Additional Fee requi		
32738 USA	32738	USA	4		OF STATUS DESIRED .	for a Certificate of Statu		
	of Current Registered Ager	int						
Name Zichani 4 4 1 1 1 7				A \$100 reinstatement fee is imposed, except				
Richard L wood To	<u> </u>			in circumstances which the entity did not receive the prior notices. By checking this				
2499 whitehorse st					•	s. By checking this prior notices were		
Suite, Apt. #, Etc.				not received and requesting the \$100 reinstatement be waived.				
De Hona		FL 32738						
9. I, being appointed the registered agent of the abo	ave named limited liability or	ompany, am	familiar with and a	ccept the obligation	ons of Chapter 608, F.S.			
Signature of Registered Agent					Date	10		
R	EGISTERED AGENT MUST	T SIGN			Date			
10. Names and Street Addresses of Managing Mer	mbers/Managers							
Titles Name of Managing Members/Manag	Name of Street Managing Members/Managers Managing				State / Zip			
Mgma Richard L Wood Jr		2499 whitehorse st			Delfon, 1	FL 32738		
M5rm Julie Cash wood		2499 whitehorse st			Deltona, i	FL 32738		
				02/18/	100102602	4 **416.00		
					n i Republica			
	ENTIT 2000	8-10	•	027187	0169604 10-01026-02	<del>4 **4</del> 16.00		
11. E-mail Address: Rw-ESCFQ live. Com (To be used for future annual report notifications)								
12. I certify that I am managing member/manager of filing this reinstatement application the reason for all fees owed by the limited liability company have as if made under oath.  Signature of Managing Member/Manager  Typed or printed name of signing Managing Member.	or the receiver or trustee emy r dissolution has been elimin re been paid. The information	npowered to e nated, the limi an indicated or	execute this application is n this application is	pation as provided any name satisfies s true and accurat	the requirements of secti	tion 608.406, F.S., and that I have the same legal effec		